

HUD CoC and ESG All Other Project Types Intake Assessment for Adults 18 and Over

This form is to be used in assisting HMIS users to record client-level program specific data elements for input into ServicePoint and follows the ServicePoint workflow for ease of input. All information on this assessment is required to be completed and entered into ServicePoint within 5 days of client intake. A client-signed Consent to Share determining the information to be shared within HMIS **must** accompany this assessment prior to data entry.

Agency/Project Name:								
							TH):	
SSN: Date of Birth:		SSN Da		☐ Approximate or partial ☐ SSN reported ☐		□ Clie	Client doesn't know Client refused Data not collected	
		Date of Type:	Birth				☐ Client doesn't know☐ Client refused	
Primary Race:	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Client doesn't know Client refused Data not collected			Secondary Race (Optional):	☐ Asian☐ Black or Afr	ican Ar aiian oi n't knov ed	r Other Pacific Islander	
Ethnicity:	☐ Hispanic/Latir☐ Non-Hispanic		□ Clie	ent doesn't know	☐ Client refuse	d	☐ Data not collected	
Gender:	☐ Female☐ Male☐ Trans female to	male	□ G	rans male to fem sender Non-Confo not exclusively n	orming		Client doesn't know Client refused Data not collected	
U.S. Milita	ry Veteran?	′es □ No	□ Clie	ent doesn't know	☐ Client refu	used	☐ Data not collected	
Zip Code	of Last Permanent <i>i</i>	Address (Where	client	spent >= 90 davs	s, had mail in his	her na	ame, etc.)	



CONSENT TO SHARE CONFIDENTIAL INFORMATION

Client Name:	Start Date:							
	End Date:							
I request and authorize: at at								
Agency Name:	Agency Name:							
Project Name:								
to disclose confidential information to HMIS-ERIE, the homeless database that supports the Erie, PA Continuum of Care PA-605, administered by Erie County Department of Human Services at: HMIS Administrator Erie County Department of Human Services MH/ID 154 West 9th Street Erie, PA 16501								
This request and	l authorization applies to:							
☐ Client demog	raphics and program entry/exit information							
□ Program-spec	rific information for the purpose of services and referrals only, and/or:							
□ Yes □ No	I expressly release the above-named staff person(s) and Agency from any and all liability arising from compliance with this request and disclosure of the requested information to HMIS-ERIE.							
□ Yes □ No	I understand my rights regarding personally identifying information as explained by the above-named staff person(s) and outlined in the HMIS-ERIE Consumer Privacy Policy.							
□ Yes □ No	I authorize the release of my information, such as personal demographics, income, health, and disabilities (including drug, alcohol, and/or mental health treatment) to be shared with other HMIS-ERIE providers to determine program eligibility, send referrals and coordinate services.							
□ Yes □ No	I authorize my demographics information only to be shared with other HMIS-ERIE providers to maintain data integrity within HMIS-ERIE.							
Client Signature: Date Signed:								
Staff Signature:	Date Signed:							

THIS AUTHORIZATION EXPIRES ONE (1) YEAR AFTER IT IS SIGNED.



Erie City and County Continuum of Care (CoC) Homeless Management Information System (HMIS-Erie)

Project Entry

Does the client had condition?	ave a disabling O Yes O No	O Client doesn'	know Client refused	O Data not collected		
Relationship to Head of Household: Self (head of household) Head of household's child Head of household's spou		d Other: non-relation member				
Residence Prior to Project Entry: NOTE: The questions you will see on the Assessment screen will vary depending on the client's answer to this question and Length of Stay. If any of these questions do not appear, skip them for data entry.	Homeless Situation Place not meant for habitation Emergency shelter, including hotel or maid for with emergency shelter voucher Safe Haven Interim HousingInstitutional Situation Foster care home or foster care group home Hospital or other residential non-psychia medical facility Jail, prison or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or decenter	Owned by client, with ongoing housing subsidy Permanent housing (other than RRH) for formerly homeless persons Rental by client, no ongoing housing subsidy Rental by client, with VASH subsidy Rental by client, with GPD TIP subsidy Rental by client, with other ongoing housing subsidy (including RRH) Residential project or halfway house with no homeless criteria Staying or living in a family member's room, apartment or house Staying or living in a friend's room, apartment or house Transitional housing for homeless persons (including homeless youth) Client doesn't know				
Length of Stay:	 One night or less Two to six nights One week or more, but less that One month or more, but less that 90 days or more, but less than or 	an 90 days	0 days O Data not collected			
IF Client is comin (Homeless Situat	ng from Streets, ES, or SH ion):	Approximate Started:	Date Homelessness			
night - N been on t	ss of where they stayed last lumber of times the client has the streets, in ES, or SH in the e years including today:	One timeTwo timesThree times	Four times or moreClient doesn't knowClient refused	O Data not collected		
	; in ES or SH in the past three t	One month (th ime) 2 3 4 5	 s is the first 6 7 8 9 10 	 11 12 More than 12 months Client doesn't know Client refused Data not collected 		

On the night before, did you stay on the Streets, ES, or SH? • Yes • No



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Total Monthly Income: \$							
Income fro	m Any Source: O Yes O No O Client o	doesn't know Olient refused	O Data not collected				
Source of Income:	\$Alimony or other spousal support \$Child support \$Earned Income \$General Assistance \$Other: \$Pension or retirement from a former job \$Private disability insurance \$Retirement income from Social Security \$Social Security Disability Income (SSDI)	A 147 1 1 11 11	for Needy Families nce cted disability disability				
Non-Cash Benefit from Any Source: Output Out							
Source of No Benefit:	• ———	ces	and Children (WIC) (Specify source)				
Covered by	Health Insurance: ○ Yes ○ No ○ Client	t doesn't know O Client refused	Data not collected				
Health Insur Type:	 ance MEDICAID MEDICARE State's Children Health Insurance Pr Veteran's Administration (VA) Medica Employer-Provided Health Insurance 	al Services • Private Pay	BRA Insurance for Adults Health Insurance				

Disability Sub-Assessment

If 'Yes' to question: Does client have a disabling condition, check all that apply:

Condition	If Yes, condition is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?						
 Alcohol Abuse 	○ Yes	○ No	 Client doesn't know 	○ Client refused	O Data not collected		
 Both alcohol and drug abuse 	○ Yes	O No	 Client doesn't know 	○ Client refused	O Data not collected		
Chronic Health Condition	○ Yes	○ No	 Client doesn't know 	○ Client refused	O Data not collected		
 Developmental 	o Yes	○ No	 Client doesn't know 	Client refused	O Data not collected		
O Drug Abuse	o Yes	○ No	 Client doesn't know 	○ Client refused	O Data not collected		
○ HIV/AIDs	o Yes	○ No	 Client doesn't know 	○ Client refused	O Data not collected		
Mental HealthProblem	○ Yes	o No	 Client doesn't know 	○ Client refused	O Data not collected		
o Physical	o Yes	○ No	 Client doesn't know 	○ Client refused	Data not collected		



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Domestic Violence Victim/Survivor:	∘ Yes ∘ No ∘	Client doesn't know o	Client refused	Data not collected
If Yes, when experien occurred:	ce	s ago year	months to one	○ Client doesn't kno○ Client refused
		More than	n a year ago	 Data not collected
If Yes, are you current fleeing?	tly ○ Yes ○ No ○	Client doesn't know o	Client refused	○ Data not collected
	PATH or RRH Contacts End Dat	-		
Start Date of Contact.	Liid Dat	e or contact.		
Are you staying on the	Streets, ES, or SH?	Yes O No O Worke	er unable to determ	nine
assessment)	he date on which an intera	ctive client relationship res	ults in a delibera	te client
Date of Engagement:				
Move In Date for DII a	and DDU Contacts Only			
Move-in Date for Ph a	and RRH Contacts Only			
Housing Move-In Date:				
Education Summary -	- Complete for all Scho	ool Age Children and A	dults	
Highest Level of	 Nursery School to 4th Gr 	ade ○ 11 th Grade	○ No Scl	hooling Completed
Education Attained:	O 5th Grade or 6th Grade	o 12th Grade, No Diple		doesn't know
	 7th Grade or 8th Grade 9th Grade 	High School DiplomGED		refused ot collected

O Post-secondary school

o 10th Grade